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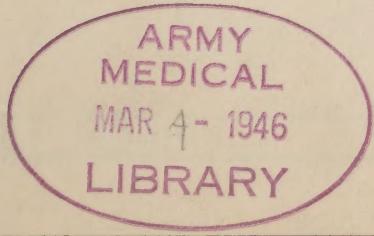
**RESTRICTED**  
MILITARY GOVERNMENT  
OF GERMANY

PUBLIC HEALTH AND  
MEDICAL AFFAIRS



MONTHLY REPORT OF MILITARY GOVERNOR  
U.S. ZONE 20 AUGUST 1945

No. I



**RESTRICTED**

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MILITARY GOVERNMENT  
OF GERMANY

PUBLIC HEALTH AND  
MEDICAL AFFAIRS



MONTHLY REPORT OF MILITARY GOVERNMENT  
FOR THE MONTH OF AUGUST 1945  
IN THE  
GERMAN STATE OF BONN

RESTRICTED

Laboratory results give no indication of extensive bacterial contamination of the area.

#### SYNOPSIS

Military government has reestablished the Gesundheitsamt (Local Health Offices) at the Kreis and at the Regierungsbezirk where such existed before. The complete replacement of the Nazi Amtsarzte (local official physicians) by politically acceptable and technically capable physicians will require further search among the medical profession. Denazification programs include the veterinary, nursing, dental and other related professions. A survey of hospitals, laboratories, and research and training facilities is being conducted by military government. Military facilities are being transferred to civilian status. Medical supply production has been reestablished and no serious shortage of supplies is expected in the United States zone. The statistical reporting system is being reestablished as communications become available. The disrupted living conditions of the German population resulting from war damage to housing, public utilities, water supply, sewage disposal, etc., have caused many small epidemics of dysentery, typhoid and typhus fever. Scarlet fever and diphtheria had an increased prevalence. At the present time no widespread deterioration of public health has been observed due to nutritional deficiency. Nutrition teams are making surveys to observe trends.

#### SECTION I

##### PREVENTIVE MEDICINE

##### REESTABLISHMENT OF LOCAL AGENCIES

No centralized function of German public health administration exists at this time. Through the United States Zone, Military Government has reestablished the Gesundheitsamt (Local health Offices) at the Kreis (county) level and at the intermediate public health administrative levels, where such existed before, in accordance with current instructions and directives.

Present central control of German public health for the United States Zone is vested in United States Group Control Council, Public Health and Welfare Division, and in USFET, G-5, Public Health Branch. All functions previously carried out by the Reichsministerium des Innern (Reich Ministry of the Interior) are now carried out by these two control bodies.

##### DENAZIFICATION

Nazi personnel are being removed from public office and positions of influence by Military Government medical officers in collaboration with CIC and Public Safety Officers. Because of the fact that Nazi Party membership was compulsory for the holding of public office, and all but a few Amtsarzte (local official physicians) were Reich employees, and nearly all physicians were compelled to be members of the NS Arztekombinat, the replacement of the incumbent Amtsarzt by a politically acceptable and technically capable physician will require a long and thorough search for personnel. In the case of veterinary officials, vetting so far completed indicates that ninety percent of those in Bavaria will ultimately be discharged.

The Ministerial Collecting Center near Kassel now holds 46 former Health Department officers and employees. They are being used to prepare information concerning the former functions and duties of the German health organization at all levels.

COMMUNICABLE DISEASES

Because of disruption in communications and the disorganization of civil health departments, communicable disease reporting in Germany is incomplete.

- Damaged water supply and sewerage systems, and a lack of refrigeration facilities created hazards from the gastro-intestinal group of diseases. There was a slightly increased prevalence of diarrhea and dysentery, and of typhoid fever, and in two cities serious outbreaks were reported. An unusual prevalence of dysentery had been observed in Berlin in June. Weekly reports indicate that the peak of this outbreak was reached during the first week in July. There was a rapid decrease in the number of cases reported during the subsequent weeks. The epidemic of dysentery was followed by an increase in the reports of cases of typhoid fever. Eighty-five cases of typhoid fever, with seven deaths, were reported in Herst.

Crowded living conditions favored the spread of respiratory infections. The prevalence of diphtheria and scarlet fever may be unseasonably high and tuberculosis generally high. In no area was a serious outbreak reported.

The incidence of typhus fever continued to decline during July. Efforts to delouse displaced persons and refugees, and to immunize persons whose occupations subject them to the likelihood of exposure to typhus, were increased to avert an outbreak of typhus fever during the coming winter.

The Sanitary Border, established 31 March 1945 to prevent spread of typhus from Germany by delousing all civilians leaving Germany for France, Belgium, or Holland no longer exists as it is now unnecessary.

The reporting of cases of venereal diseases had not been required under German law. A directive will require the reporting of venereal disease cases by all physicians, clinics, and other treatment centers. German civil health authorities and practicing physicians are of the opinion that these diseases have increased markedly during the war. During the month the efforts to reduce the incidence of these infections were intensified. The German venereal disease control laws afford a legal basis for the development of programs providing for adequate diagnostic, treatment and isolation facilities and for the follow-up of contacts and sources of infection of venereal disease. Civilian public health officers operating under Military Government supervision were directed to see that such programs were developed as rapidly as possible.

NUTRITION

The need for accurate information on the nutritional status of the German civil population was anticipated early in 1944. Five American special nutrition survey teams, completely equipped, were organized and made available to the Armies for the purpose of covering the entire United States Zone of Occupation. These teams consist of a clinician (expert in the diagnosis of nutritional deficiencies), a nutrition officer (expert on food studies) and a laboratory technician with mobile equipment. The first of these operational teams was put in the field late in May 1945, and four more were made available immediately thereafter. Previously, one experimental team had been operating in the liberated countries since October 1944. Data on food consumption and the physical condition of the civil population, as related to nutrition, are being compiled. These factual data provide a scientific basis for current opinions and recommendations and form a basis of comparison for future activities and policies.

Survey activities have been mainly confined to the larger cities where there is reason for immediate concern. It has been established that, at present, the general state of health of the German civilian population appears to be reasonably good, and clinically no significant widespread evidence of nutritional deficiency has been found. However, reports show some loss in body weight and it is anticipated that a gradual reduction in body weight is to be expected, as recent studies on food consumption indicate the average intake for normal adults to be from 1150 to 1730 calories per person per day in the United States Zone of Occupation. Sample weighings of the population in towns of 10,000 or more will be conducted every 90 days to check the state of average weights of individuals 20 years of age or older.

**RESTRICTED** ~~SECRET~~ **MEDICAL AND HEALTH AFFAIRS**

Laboratory results give no indication of subnormal hemoglobin or serum protein levels.

Recent survey findings indicate that in many localities the official ration ranges from 400 to 1100 calories per individual per day (normal consumer). This is insufficient unless large quantities of supplemental foods become available to raise the dietary to a desirable level. The ration problem is now being studied with the view of recommending suitable adjustment of the official ration if feasible and necessary.

Special studies conducted in displaced persons camps showed that a minimum of 2,000 calories per individual per day is being provided displaced persons, while those displaced persons now patients in civilian hospitals are receiving from 2700 to 4300 calories per day. Nutrition studies of the Saar coal miners indicate a consumption of 2170 calories per man per day. In the Ruhr, earlier studies conducted immediately after V-E day, indicated that coal miners there were consuming only 780 calories per man per day.

From the studies thus far in the United States Zone, it is evident that currently, no wide-spread nutrition deficiencies are observable in the civil population. However, studies of a uniform nature will be continued in order to establish a base line and observe the nutritional trend of the civilian population.

**SANITATION**

Thirty-three sanitary corps officers, one for the United States Zone, six for districts and twenty-six at Regierungbezirk level, are supervising environmental sanitation work. Survey and bacteriological studies of water supplies in the large towns in the Western District have been practically completed by sanitary engineers of the medical Group of the Western District. Efforts are being made to find German engineers for this work.

**DISPLACED PERSONS CAMPS**

Medical officers of the Military Government cooperated with the District Surgeons in the maintenance of medical services and the supervision of sanitation of displaced persons camps. This included the setting up of medical infirmaries at the various camps, the holding of regular sanitary inspections with recommendations for corrective actions, the supervision of delousing of displaced persons and the arranging for transportation of sick displaced persons to hospitals. Numerous German civilian hospitals were made either completely or partially available for the hospitalization of displaced persons.

**NARCOTICS**

The former director of the Reich Opium Office is at the ministerial Collecting Center. Records and other personnel are in the Russian area. The Germans did not make the usual reports to the Permanent Central Opium Board (International Control Agency) during the period 1939-1944. Efforts are being made to get the necessary records and personnel so that these reports can be prepared. Directives for Public Health and Public Safety officers prescribe measures for control of narcotics. So far there has been no indication of illicit narcotic traffic or other health hazards from narcotics.

**SECTION II**

**MEDICAL AFFAIRS**

**GERMAN MEDICAL PERSONNEL**

Relocation of German civilian physicians in the United States zone of occupation was aided by Military Government medical officers. Passes and motor transport were provided and in numerous instances the medical equipment of the civilian doctors was replenished from captured enemy stocks. Where necessary, a redistribution of civilian medical personnel was undertaken and numerous medical specialists on

duty with German military hospitals were made available to the civilian population.

#### NURSING AFFAIRS

Fourteen nurses of the United States Army with special training and experience in public health have been placed with military government detachments of the Eastern military district, fourteen with military government detachments of the western military district, one nurse was assigned to 12th Army Group Headquarters and one to the public health branch of G-5 USFET. The principal effort of these nurses with military government was directed towards the supervision and control of the German nursing organizations and the auxiliary nursing services. The denazification of German nursing personnel, the surveys of schools of nursing, and the obtaining of a redistribution of German nurses and auxiliary personnel according to local needs has been the chief occupation of the American Army nurses during July. In addition, they assisted the military Government public health officers in health and hospital surveys, and advised as to the reorganization of the German Red Cross, especially as far as the nursing service in the districts was concerned.

#### GERMAN CIVILIAN HOSPITALS

Preliminary survey of all civilian hospitals in the United States zone of occupation has been nearly completed and is expected to be finished during the next month. Repairs and re-equipment of civilian hospitals was aided by arranging for the necessary priorities in labor and material and by placing equipment from captured enemy stocks at the disposal of the hospitals. Numerous former auxiliary military hospitals were turned over to the civilian communities by arrangement between the Military Government medical officers and the office of the district surgeons. General reports so far received show bed availability reduced 25 to 50 percent with almost all available beds occupied. There is a shortage of fuel, soap powder and some types of medical supplies.

#### MEDICAL SUPPLIES

Medical supply production within the United States Zone is being currently carried out under the direction of local military government detachments. The following, which are the largest and most important medical production plants in the zone, are operating:

Behringswerke plant at Marburg is producing biologicals at approximately full capacity.

Emerck plant at Darmstadt is producing pharmaceuticals and insecticides at ten percent capacity.

I. G. Farben Plant at Höchst is producing vaccines, insulin and pharmaceuticals including ether.

Numerous small plants are operating under military government supervision to meet local needs and utilizing materials and fuel now in their possession.

#### MEDICAL EDUCATION

The medical universities of Heidelberg, Marburg and Erlangen will be opened for two hundred advanced students each by early in September. It is expected that these universities will be able to accommodate a total of eleven hundred undergraduates in the winter semester starting 1 November 1945.

### SECTION III

#### VETERINARY AFFAIRS

#### ANIMAL DISEASE CONTROL

Enforcement of quarantine and policing is spotty due to poor transportation facilities for German veterinary officials. One outbreak of foot and mouth disease

occurred in July. Vaccine was obtained and approximately 1,000 head were vaccinated, forming a ring around the infected area, and stopping spread of the infection. There were several outbreaks of Swine Erysipelas in Eastern Wurtenberg and Western Bavaria. Quarantine was established and sufficient serum and vaccine were shipped into the area to control the epidemic. Estimates of the amount of foot and mouth disease vaccine and immune serum needed in the United States Zone for the coming year have been made, based upon the cattle population and amounts used during the past four years. A request was made to the Office of the Surgeon, Production Control Division, to have the Germans establish facilities for production of these biologics within the United States Zone of Occupation.

War-damaged state diagnostic laboratories were re-opened in Kassel, Nuremburg, and Stuttgart, and a temporary laboratory established in Heidelberg. These are sufficient for present requirements.

#### MEAT AND DAIRY PRODUCTS

Slaughter houses and dairy plants which have been checked by military Government veterinary officers have inspectors in them, but the inspection service is not yet up to pre-war standards.

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